

Going from Tween 2 Teen

It's time to be more in charge of your health.



What's Included:

- **Youth Transition Plan.**
- **Family Transition Plan** in the Family Binder. It is our hope that these forms will be filled out separately. Then, you and your family can discuss your ideas together.



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This Guide

is about you and **your life**...who

you are now and what you want to do in
the future. It also includes some
information and gives you some activities
to do that will help you be more in charge
of your life, be healthy and let you do
more of the things you want to do now
and in the future.



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Let's get **Started**

You can do some things that will help you see who you are now, *how you have changed since you were a kid, and what your life might be like when you get older.*



If you just started middle school, it's probably easy for you to remember how things were in elementary school and how different things are now. If you are in 8th grade, elementary school may seem like a long time ago.



Either way, you are now old enough to think back and remember how things were and what you were like when you were a kid in elementary school.



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Time to Take Charge

Now is a good time to learn as much as you can about your health care needs. Here are some things you should be able to do by the time you are ready to start high school.

- 1 Tell someone the name of your health condition (your diagnosis).
- 2 Make a list of your medications (with their correct name) when you take your meds and why.
- 3 Tell someone what you have to do to stay healthy (You probably have heard your doctor tell you these things, but most teens expect their parents or guardians to remember all this stuff).



Don't Forget

If you want to be able to do things on your own, like go on a school trip, or go to the mall, or stay overnight with a friend, you need to be more in charge of your health. Also, you need to know what to do in case of an emergency and your family is not around.

Look at the list below and circle the things you could take more responsibility for.

- 1 Taking my medications when I am supposed to.
- 2 Order my medications when I need more.
- 3 Call to make an appointment with my doctors.
- 4 Read books to learn more about my condition.
- 5 Look things up on the Internet about my condition.
- 6 Help keep a notebook that has information about my health care.



Maybe today is a good time to talk to your family about taking more responsibility for your own health care.

Remember, your parents or guardians are more likely to give you more privileges when you show them that you are more responsible.

Now write down some other things that you could take more responsibility for: _____



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Your life **Part 2**



Being a teen in middle school can be really great: new friends, and more things you can do on your own.

And It can be really hard: more responsibilities; *finding friends who are really friends*; dealing with lots of changes in you and your life. And having a chronic health condition and maybe feeling that you are a little different can make it even harder.

One thing that many teens do to deal with all the changes, and keep in touch with who they are and what they are feeling is to keep a journal.

Some write in a spiral notebook and some type into a computer. But they all find that spending the time to put thoughts and feelings into words and onto paper can really help make sense of what is going on.



Expressing your feelings in writing can help to keep things that bother you from going around and around in your head.

Writing down your goals for school or for taking more responsibility for your own health care can keep you focused and help you see how much progress you are making.

Try it for yourself! What do you have to lose?



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Growing up with Special Health Care Needs



Growing up with special health care needs can present many challenges. However, young people with chronic

health conditions and disabilities have been able to meet these challenges and reach their goal of being independent and having a good job. To be successful, they had to:

- Take responsibility for themselves
- Manage their own health care
- Be as physically fit and healthy as possible



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What other teens
are saying about

Growing up with a chronic health condition



Prior to age 16 my parents were very involved and my doctors talked to my parents about my surgeries and I kind of went along with that. But at 16 doctors started to talk to me... and by the time I was 18, I was making the decisions.

— Jeff



I like the fact that (*my health*) is my responsibility. I see that as freedom.

— Amy



My mom taught me how to interact with health professionals and to tell them what I need and what I want, because I know me the best and how my body works... and how they can help me.

— Laura



I think you should be thinking about your future, no matter how old you are, so you can make that transition (*to being an adult*) more easily. Good health to me means I can live a long and happy life and fulfill all my dreams... and maybe a few more...

— Loretta



A lot of times when you are in the room with your parents and the doctor, there are things you want to ask the doctor but you don't want to ask the doctor stuff in front of your parents and it creates stress because you are afraid of your parents' reaction.

— Andrea



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What does that **Mean?**

Definitions

1 **Chronic** is a word that means lasts a long time.

2 **Health condition** is another way of saying **disease or disability**.

Some people refer to children and adolescents who have a chronic health condition as “children and youth with special health care needs.” However, most teens do not like the term “special” when it is used to describe them.

3 **Families**

There are all kinds of families. Some teens live with one or both of their birth parents. Some live with adoptive, foster or stepparent(s). Some live with one or more grandparents, other relatives or family friends. There are all kinds of parents and families. If the terms used in the next sections of this book don't fit your family living situation, just substitute the ones that do.

4 **Pediatrician** — A doctor who is trained to take care of infants, children and teens.

5 **Family Physician** — A doctor who is trained to provide primary care to both children and adults.

6 **Internist** — A doctor who is trained to take care of adults.

7 **Primary Care Provider (PCP)** — A doctor who takes care of patients for many years and knows about all of their health care needs.

A PCP can take care of many of the health care problems that people have and help patients find a “specialist” if they need special tests or special kinds of medical services. Everyone should have a primary care provider who can help them get the health care that they need.

8 **Specialist** — A doctor who treats one kind of health problem or treats problems with one part of the body.

For example, an oncologist is a specialist that cares for patients with cancer. A cardiologist takes care of problems with the heart. Specialists usually do not deal with health problems that are not in their area of specialty.

9 **Health Care Transition** — The process of getting ready to leave your pediatric doctors and get your health care from doctors who are trained to care for adults.



More stuff about **Transition**

Reproduced in part, by permission of the Health Care Transition Initiative of the Institute for Child Health Policy (ICHP) at the University of Florida. Authors: John G. Reiss, Ph.D. – Author (ICHP/UF), Randal Miller – Project Coordinator (ICHP/UF), Florida Department of Health, Children's Medical Services, Susan J. Redmon, R.N., M.P.H. – Programmatic Contract Manager.

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This guide introduced you to the topic of health care transition and provided information about ways that you can be more in charge of your life, be healthy and be able to do more of the things you want to do now and in the future.

CSHP Health Care Transition Worksheets. These worksheets will help you and your family think about future goals and identify the things that you are doing now to be more in charge of your health. These worksheets will also help you to figure out what else you and your family need to do now and over the next few years so that, when you are a young adult, you are prepared for the transition from pediatric to adult-oriented health care; and that you are ready for work and living more independently.

On the **Web**

Children's Special Health Program Web Site

www.cshp.dhw.idaho.gov

This web site has information about Children's Special Health Program.

Health Care Transition Training Web Site

hctransitions.ichp.ufl.edu

This web site was developed by the University of Florida for teens, parents and professionals. It has lots of information about transition and some videos about teens who have taken charge of their health.

Jim's Story

video.ichp.ufl.edu/JimStory2.htm

This 10-minute on-line video is about a young man with Cystic Fibrosis.

College and Beyond

video.ichp.ufl.edu/collegeandbeyond.htm

This 20-minute on-line video is about Jeff, a young man who has a severe physical disability. As he grew up, Jeff learned how to be in charge of his health and make medical decisions with his doctors. This helped him be able to be independent and successful at college. Now he is about to graduate and get a job!

Health and Ready To Work Web Site

www.hrtw.org

This web site has lots of information about being healthy and getting ready for the future!

You're not a **Kid Anymore**

It's time to be more in charge of your health care



Now that you are in or preparing to go to middle school, you have more responsibility for keeping track of your assignments and homework. This shift in responsibility (*from your teachers and your parents to you*) is to help you prepare for high school, work and your future independence.

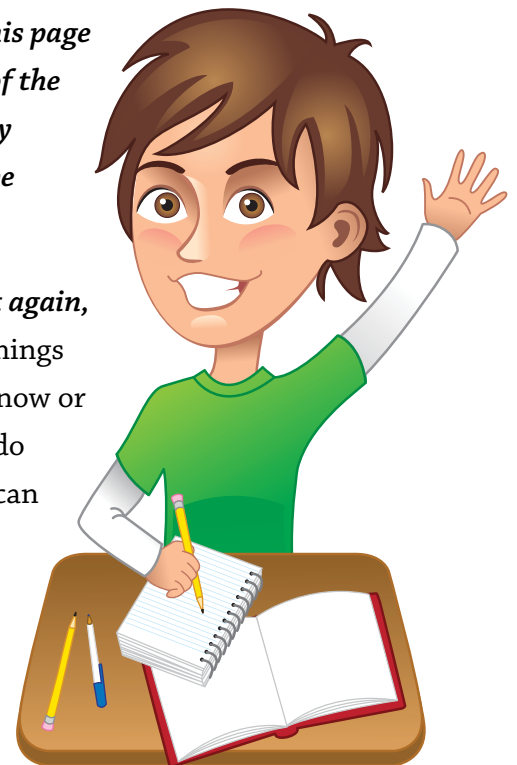
Since you have learned how to be more responsible and do more things for yourself in school, it's a good time to start taking more responsibility for your own health.

You know that you need to be as healthy as you can, in order to learn in school, hang out with friends, and do all the other things that you want to do.



On the other side of this page you checked off some of the things that your family does now to help you be healthy.

Take a look at that list again, and think about the things that you can do right now or want to learn how to do this year, so that you can be more in charge.



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Healthy Habits



As you have probably heard from your family, having a child with a chronic health condition (*like diabetes, asthma, cystic fibrosis, and epilepsy*) can take a lot of planning.

Below are some things that families do for a child who has a chronic health condition.

Put a check by the things that your family does to help you be healthy.

My parents or another member of my family:

- ☐ Tell me when to take my medications
- ☐ Order my medications when I need more
- ☐ Schedule appointments with my doctors
- ☐ Take me to my medical appointments
- ☐ Come into the examination room with me
- ☐ Tell the doctors about how I am feeling
- ☐ Answer the questions that the doctors ask
- ☐ Ask the doctors questions about my condition
- ☐ Take notes about what the doctors say
- ☐ Remember what the doctors say to do
- ☐ Explain to me about my health condition
- ☐ Read books to learn more about my condition
- ☐ Look things up on the Internet about my condition
- ☐ Keep a notebook that has information about my health care
(for example, my diagnosis, medications I take, names and phone numbers of my doctors)



List other things your family does to help you be healthy:



Getting ready to **Do More**



Most teens say that they have more responsibilities in middle school.

Most middle schools are a lot bigger — you may have several different teachers — and you have to find your way from classroom to classroom.

You have more responsibility for keeping track of your assignments and homework.

And many teachers and parents say that teens in middle school get to make more decisions for themselves and have a lot more freedom, maybe too much freedom.

And most teens have heard:

***“With privileges
come responsibilities
and consequences.”***

***They say these responsibilities and
consequences get you ready to be an adult,
have a job, and be on your own.***



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Responsibility, Privileges & Consequences



Write down some of the things you are responsible for at home and school. What privileges have you earned by meeting your responsibilities? What consequences have you faced when you didn't? Write down whether or not you think the responsibilities and consequences are fair or not fair.

| | At Home | At School |
|---|---|---|
| Responsibilities <i>(fair/not fair)</i> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| Privileges <i>(Stuff I get to do)</i> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| Consequences <i>(fair/not fair)</i> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |



Imagine your **Life As An Adult**

Another way of looking at yourself is to think about some things in your future — like how long you want to go to school, what kind of job you want, and where you want to live. *Below are some questions to ask yourself.*



School and Work

I plan to go to high school

Yes Maybe No

I plan to finish high school

Yes Maybe No

I plan to go to college

Yes Maybe No

I plan to have a job when I am an adult

Yes Maybe No

What kind of jobs would you like to have? _____

Where I Will Live

In my own house or apartment
(with roommates or by myself)

☐ Yes ☐ Maybe ☐ No

With my parents

☐ Yes ☐ Maybe ☐ No

With other members of my family
(brother, sister, aunt)

☐ Yes ☐ Maybe ☐ No

Another place (specify):

Living Independently

Be financially independent
(support myself)

Yes Maybe No

Drive a car

Yes Maybe No

Get married or have a steady partner

Yes Maybe No

Raise a family

Yes Maybe No

Have lots of friends

Yes Maybe No



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What do Others Think



Another way of looking at yourself is to think about what other people think you are like — your classmates and friends, the people in your family, your teachers and others. Below are some words people might use to describe you.

Check the ones you think apply to you or write in your own.

How Do You Think Others See You?

| | |
|-----------------------------------|---|
| My best friend | <input type="checkbox"/> Funny <input type="checkbox"/> Responsible <input type="checkbox"/> Happy <input type="checkbox"/> Clever <input type="checkbox"/> Shy <input type="checkbox"/> Athletic <input type="checkbox"/> Confused <input type="checkbox"/> Careful <input type="checkbox"/> Messy <input type="checkbox"/> Forgiving <input type="checkbox"/> Cool <input type="checkbox"/> Thoughtful <input type="checkbox"/> Angry <input type="checkbox"/> Loving <input type="checkbox"/> Timid <input type="checkbox"/> Peaceful <input type="checkbox"/> Organized <input type="checkbox"/> Neat <input type="checkbox"/> Silly <input type="checkbox"/> Dependable <input type="checkbox"/> Sloppy <input type="checkbox"/> Trustworthy <input type="checkbox"/> Caring <input type="checkbox"/> Smart <input type="checkbox"/> Sad <input type="checkbox"/> Powerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Smart <input type="checkbox"/> Fun <input type="checkbox"/> Emotional <input type="checkbox"/> Artistic <input type="checkbox"/> Frustrated <input type="checkbox"/> Weird <input type="checkbox"/> Nosy <input type="checkbox"/> Kind <input type="checkbox"/> Sneaky <input type="checkbox"/> Mixed Up <input type="checkbox"/> Sassy <input type="checkbox"/> Open <input type="checkbox"/> Flexible <input type="checkbox"/> Daring <input type="checkbox"/> Easygoing <input type="checkbox"/> Goofy <input type="checkbox"/> Loyal <input type="checkbox"/> Nice <input type="checkbox"/> Careful <input type="checkbox"/> Persistent <input type="checkbox"/> _____ |
| My favorite teacher | <input type="checkbox"/> Funny <input type="checkbox"/> Responsible <input type="checkbox"/> Happy <input type="checkbox"/> Clever <input type="checkbox"/> Shy <input type="checkbox"/> Athletic <input type="checkbox"/> Confused <input type="checkbox"/> Careful <input type="checkbox"/> Messy <input type="checkbox"/> Forgiving <input type="checkbox"/> Cool <input type="checkbox"/> Thoughtful <input type="checkbox"/> Angry <input type="checkbox"/> Loving <input type="checkbox"/> Timid <input type="checkbox"/> Peaceful <input type="checkbox"/> Organized <input type="checkbox"/> Neat <input type="checkbox"/> Silly <input type="checkbox"/> Dependable <input type="checkbox"/> Sloppy <input type="checkbox"/> Trustworthy <input type="checkbox"/> Caring <input type="checkbox"/> Smart <input type="checkbox"/> Sad <input type="checkbox"/> Powerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Smart <input type="checkbox"/> Fun <input type="checkbox"/> Emotional <input type="checkbox"/> Artistic <input type="checkbox"/> Frustrated <input type="checkbox"/> Weird <input type="checkbox"/> Nosy <input type="checkbox"/> Kind <input type="checkbox"/> Sneaky <input type="checkbox"/> Mixed Up <input type="checkbox"/> Sassy <input type="checkbox"/> Open <input type="checkbox"/> Flexible <input type="checkbox"/> Daring <input type="checkbox"/> Easygoing <input type="checkbox"/> Goofy <input type="checkbox"/> Loyal <input type="checkbox"/> Nice <input type="checkbox"/> Careful <input type="checkbox"/> Persistent <input type="checkbox"/> _____ |
| My parents | <input type="checkbox"/> Funny <input type="checkbox"/> Responsible <input type="checkbox"/> Happy <input type="checkbox"/> Clever <input type="checkbox"/> Shy <input type="checkbox"/> Athletic <input type="checkbox"/> Confused <input type="checkbox"/> Careful <input type="checkbox"/> Messy <input type="checkbox"/> Forgiving <input type="checkbox"/> Cool <input type="checkbox"/> Thoughtful <input type="checkbox"/> Angry <input type="checkbox"/> Loving <input type="checkbox"/> Timid <input type="checkbox"/> Peaceful <input type="checkbox"/> Organized <input type="checkbox"/> Neat <input type="checkbox"/> Silly <input type="checkbox"/> Dependable <input type="checkbox"/> Sloppy <input type="checkbox"/> Trustworthy <input type="checkbox"/> Caring <input type="checkbox"/> Smart <input type="checkbox"/> Sad <input type="checkbox"/> Powerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Smart <input type="checkbox"/> Fun <input type="checkbox"/> Emotional <input type="checkbox"/> Artistic <input type="checkbox"/> Frustrated <input type="checkbox"/> Weird <input type="checkbox"/> Nosy <input type="checkbox"/> Kind <input type="checkbox"/> Sneaky <input type="checkbox"/> Mixed Up <input type="checkbox"/> Sassy <input type="checkbox"/> Open <input type="checkbox"/> Flexible <input type="checkbox"/> Daring <input type="checkbox"/> Easygoing <input type="checkbox"/> Goofy <input type="checkbox"/> Loyal <input type="checkbox"/> Nice <input type="checkbox"/> Careful <input type="checkbox"/> Persistent <input type="checkbox"/> _____ |
| Teacher in my worst class | <input type="checkbox"/> Funny <input type="checkbox"/> Responsible <input type="checkbox"/> Happy <input type="checkbox"/> Clever <input type="checkbox"/> Shy <input type="checkbox"/> Athletic <input type="checkbox"/> Confused <input type="checkbox"/> Careful <input type="checkbox"/> Messy <input type="checkbox"/> Forgiving <input type="checkbox"/> Cool <input type="checkbox"/> Thoughtful <input type="checkbox"/> Angry <input type="checkbox"/> Loving <input type="checkbox"/> Timid <input type="checkbox"/> Peaceful <input type="checkbox"/> Organized <input type="checkbox"/> Neat <input type="checkbox"/> Silly <input type="checkbox"/> Dependable <input type="checkbox"/> Sloppy <input type="checkbox"/> Trustworthy <input type="checkbox"/> Caring <input type="checkbox"/> Smart <input type="checkbox"/> Sad <input type="checkbox"/> Powerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Smart <input type="checkbox"/> Fun <input type="checkbox"/> Emotional <input type="checkbox"/> Artistic <input type="checkbox"/> Frustrated <input type="checkbox"/> Weird <input type="checkbox"/> Nosy <input type="checkbox"/> Kind <input type="checkbox"/> Sneaky <input type="checkbox"/> Mixed Up <input type="checkbox"/> Sassy <input type="checkbox"/> Open <input type="checkbox"/> Flexible <input type="checkbox"/> Daring <input type="checkbox"/> Easygoing <input type="checkbox"/> Goofy <input type="checkbox"/> Loyal <input type="checkbox"/> Nice <input type="checkbox"/> Careful <input type="checkbox"/> Persistent <input type="checkbox"/> _____ |
| My brother(s) or sister(s) | <input type="checkbox"/> Funny <input type="checkbox"/> Responsible <input type="checkbox"/> Happy <input type="checkbox"/> Clever <input type="checkbox"/> Shy <input type="checkbox"/> Athletic <input type="checkbox"/> Confused <input type="checkbox"/> Careful <input type="checkbox"/> Messy <input type="checkbox"/> Forgiving <input type="checkbox"/> Cool <input type="checkbox"/> Thoughtful <input type="checkbox"/> Angry <input type="checkbox"/> Loving <input type="checkbox"/> Timid <input type="checkbox"/> Peaceful <input type="checkbox"/> Organized <input type="checkbox"/> Neat <input type="checkbox"/> Silly <input type="checkbox"/> Dependable <input type="checkbox"/> Sloppy <input type="checkbox"/> Trustworthy <input type="checkbox"/> Caring <input type="checkbox"/> Smart <input type="checkbox"/> Sad <input type="checkbox"/> Powerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Smart <input type="checkbox"/> Fun <input type="checkbox"/> Emotional <input type="checkbox"/> Artistic <input type="checkbox"/> Frustrated <input type="checkbox"/> Weird <input type="checkbox"/> Nosy <input type="checkbox"/> Kind <input type="checkbox"/> Sneaky <input type="checkbox"/> Mixed Up <input type="checkbox"/> Sassy <input type="checkbox"/> Open <input type="checkbox"/> Flexible <input type="checkbox"/> Daring <input type="checkbox"/> Easygoing <input type="checkbox"/> Goofy <input type="checkbox"/> Loyal <input type="checkbox"/> Nice <input type="checkbox"/> Careful <input type="checkbox"/> Persistent <input type="checkbox"/> _____ |
| My neighbors | <input type="checkbox"/> Funny <input type="checkbox"/> Responsible <input type="checkbox"/> Happy <input type="checkbox"/> Clever <input type="checkbox"/> Shy <input type="checkbox"/> Athletic <input type="checkbox"/> Confused <input type="checkbox"/> Careful <input type="checkbox"/> Messy <input type="checkbox"/> Forgiving <input type="checkbox"/> Cool <input type="checkbox"/> Thoughtful <input type="checkbox"/> Angry <input type="checkbox"/> Loving <input type="checkbox"/> Timid <input type="checkbox"/> Peaceful <input type="checkbox"/> Organized <input type="checkbox"/> Neat <input type="checkbox"/> Silly <input type="checkbox"/> Dependable <input type="checkbox"/> Sloppy <input type="checkbox"/> Trustworthy <input type="checkbox"/> Caring <input type="checkbox"/> Smart <input type="checkbox"/> Sad <input type="checkbox"/> Powerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Smart <input type="checkbox"/> Fun <input type="checkbox"/> Emotional <input type="checkbox"/> Artistic <input type="checkbox"/> Frustrated <input type="checkbox"/> Weird <input type="checkbox"/> Nosy <input type="checkbox"/> Kind <input type="checkbox"/> Sneaky <input type="checkbox"/> Mixed Up <input type="checkbox"/> Sassy <input type="checkbox"/> Open <input type="checkbox"/> Flexible <input type="checkbox"/> Daring <input type="checkbox"/> Easygoing <input type="checkbox"/> Goofy <input type="checkbox"/> Loyal <input type="checkbox"/> Nice <input type="checkbox"/> Careful <input type="checkbox"/> Persistent <input type="checkbox"/> _____ |
| People who don't know me | <input type="checkbox"/> Funny <input type="checkbox"/> Responsible <input type="checkbox"/> Happy <input type="checkbox"/> Clever <input type="checkbox"/> Shy <input type="checkbox"/> Athletic <input type="checkbox"/> Confused <input type="checkbox"/> Careful <input type="checkbox"/> Messy <input type="checkbox"/> Forgiving <input type="checkbox"/> Cool <input type="checkbox"/> Thoughtful <input type="checkbox"/> Angry <input type="checkbox"/> Loving <input type="checkbox"/> Timid <input type="checkbox"/> Peaceful <input type="checkbox"/> Organized <input type="checkbox"/> Neat <input type="checkbox"/> Silly <input type="checkbox"/> Dependable <input type="checkbox"/> Sloppy <input type="checkbox"/> Trustworthy <input type="checkbox"/> Caring <input type="checkbox"/> Smart <input type="checkbox"/> Sad <input type="checkbox"/> Powerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Smart <input type="checkbox"/> Fun <input type="checkbox"/> Emotional <input type="checkbox"/> Artistic <input type="checkbox"/> Frustrated <input type="checkbox"/> Weird <input type="checkbox"/> Nosy <input type="checkbox"/> Kind <input type="checkbox"/> Sneaky <input type="checkbox"/> Mixed Up <input type="checkbox"/> Sassy <input type="checkbox"/> Open <input type="checkbox"/> Flexible <input type="checkbox"/> Daring <input type="checkbox"/> Easygoing <input type="checkbox"/> Goofy <input type="checkbox"/> Loyal <input type="checkbox"/> Nice <input type="checkbox"/> Careful <input type="checkbox"/> Persistent <input type="checkbox"/> _____ |
| My doctors | <input type="checkbox"/> Funny <input type="checkbox"/> Responsible <input type="checkbox"/> Happy <input type="checkbox"/> Clever <input type="checkbox"/> Shy <input type="checkbox"/> Athletic <input type="checkbox"/> Confused <input type="checkbox"/> Careful <input type="checkbox"/> Messy <input type="checkbox"/> Forgiving <input type="checkbox"/> Cool <input type="checkbox"/> Thoughtful <input type="checkbox"/> Angry <input type="checkbox"/> Loving <input type="checkbox"/> Timid <input type="checkbox"/> Peaceful <input type="checkbox"/> Organized <input type="checkbox"/> Neat <input type="checkbox"/> Silly <input type="checkbox"/> Dependable <input type="checkbox"/> Sloppy <input type="checkbox"/> Trustworthy <input type="checkbox"/> Caring <input type="checkbox"/> Smart <input type="checkbox"/> Sad <input type="checkbox"/> Powerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Smart <input type="checkbox"/> Fun <input type="checkbox"/> Emotional <input type="checkbox"/> Artistic <input type="checkbox"/> Frustrated <input type="checkbox"/> Weird <input type="checkbox"/> Nosy <input type="checkbox"/> Kind <input type="checkbox"/> Sneaky <input type="checkbox"/> Mixed Up <input type="checkbox"/> Sassy <input type="checkbox"/> Open <input type="checkbox"/> Flexible <input type="checkbox"/> Daring <input type="checkbox"/> Easygoing <input type="checkbox"/> Goofy <input type="checkbox"/> Loyal <input type="checkbox"/> Nice <input type="checkbox"/> Careful <input type="checkbox"/> Persistent <input type="checkbox"/> _____ |



Talking with The Doc



NOW is a good time to get ready to be more in charge of your next visit with a doctor.

Here are some things you should be able to do by the time you are ready to start high school.

1 Spend some time alone with the doctor (without your mother or father or other adult).

2 Answer many of the questions that the doctor asks about how you are feeling and how you have been doing. If you think about it, your doctors probably ask about the same stuff every time you see them.

First

Write down the questions that your doctors ask at every visit. It's okay to ask your family for help remembering what these questions are.



Second

Now pick one or two questions you would like to answer at your next doctor's visit. Let your parents know that you would like to be the one to answer these questions. Try writing down what your answer would be.

Write out the questions and answers.

If the doctor asks: _____

I could say: _____

If the doctor asks: _____

I could say: _____



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Getting answers to **Your Questions**

Remember, when you are alone with your doctor you can talk about some things you may not want to discuss when your parents are in the room.

So it is important that you learn how to speak up for yourself, ask the questions that are important to YOU and then remember what the doctor says.

It's OK to write down and take your questions with you, to help you remember. Or you can give the written questions to your doctors, and let them read them themselves.

Write down one or more questions you have about your condition and how to stay healthy.

Next time you see your doctor, take these questions with you and ASK!

Doctors want patients to have the information they need to be healthy. And they appreciate it when patients take the time to think about their questions, and bring them to their visit.

Some doctors are happy to have patients e-mail questions to them.



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What to say when You Don't Understand



Sometimes it's hard to understand and remember what the doctor tells you. Sometimes they use words you don't really understand. Sometimes they talk too fast. Sometimes they give you way too much information. Sometimes they don't really answer the question you ask. Sometimes it's easier to remember if you can read something, rather than having them give you a lecture.

Since doctors really do want their patients to have the information they need to be healthy, you need to let them know when you really don't understand what they are talking about...

If you don't understand, you might say:

- Please tell me more about that.
- What does that mean in simple English?
- Could you explain that to me again?
- Could you write that down for me?
- Where can I find more information about this?
- Is there something you can give me to read?

What else could you say when you don't understand?



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All about **You** Elementary School - Middle School



One way of seeing how you have changed is to write down how you spend your time, what you do, and what and who is important to you — when you were in elementary school and now that you are preparing for or are in middle school. *In some ways you are different and in other ways you may be the same.*

| | Past Elementary School | Now Middle School |
|--|------------------------|-------------------|
| Outside of school my favorite things to do are | | |
| At school I'm "into" | | |
| Music I like | | |
| My favorite TV shows | | |
| My favorite book | | |
| Best subject in school | | |
| What I'm really good at | | |
| What I worry about most | | |
| Who I'd like to meet | | |
| My favorite movies | | |
| Career I'd like to have | | |
| Chore I hate most | | |
| What keeps me going | | |



Now that you're Twelve

Youth transition plan worksheet



Health

| | | Things I need to know or do | Will someone else have to do this for me? | I will finish by (date) | Done |
|-----|--|-----------------------------|---|-------------------------|------|
| 1. | I understand my healthcare needs. | Y N | Y N | | |
| 2. | I explain my special needs to others. | Y N | Y N | | |
| 3. | I tell the doctor(s) how I am doing and can answer their questions. | Y N | Y N | | |
| 4. | I know the name of my doctor(s). | Y N | Y N | | |
| 5. | I take my medicine with supervision. | Y N | Y N | | |
| 6. | I know the name(s) of the medicine I take and possible side effects. | Y N | Y N | | |
| 7. | I know when I am sick. | Y N | Y N | | |
| 8. | I carry a copy of my insurance card. | Y N | Y N | | |
| 9. | I carry a summary of my medical information with me. | Y N | Y N | | |
| 10. | I am learning to schedule my own appointments. | Y N | Y N | | |

Independent Living

| | | Things I need to know or do | Will someone else have to do this for me? | I will finish by (date) | Done |
|----|--|-----------------------------|---|-------------------------|------|
| 1. | I care for my own personal needs or know how to ask for them. | Y N | Y N | | |
| 2. | I know my phone number and address. | Y N | Y N | | |
| 3. | I know how to get help in an emergency, including calling 911. | Y N | Y N | | |
| 4. | I am responsible for doing my homework. | Y N | Y N | | |
| 5. | I think about what I want to do when I grow up. | Y N | Y N | | |
| 6. | I am learning to make choices. | Y N | Y N | | |
| 7. | I spend time with friends. | Y N | Y N | | |
| 8. | I do chores at home. | Y N | Y N | | |

